

<i>SERFF Tracking Number:</i>	<i>LDDX-125604132</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>DOEAR0191801F01</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1006 Directors & Officers Liability</i>
<i>Product Name:</i>	<i>Excess Directors & Officers</i>		
<i>Project Name/Number:</i>	<i>Excess Directors & Officers /DOEAR0191801F01</i>		

Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Excess Directors & Officers

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1006 Directors & Officers Liability

SERFF Tr Num: LDDX-125604132

SERFF Status: Closed

Co Tr Num: DOEAR0191801F01

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: SPI ORChicago

Date Submitted: 04/10/2008

Disposition Date: 04/17/2008

Disposition Status: Approved

Effective Date Requested (New): 06/01/2008

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Excess Directors & Officers

Project Number: DOEAR0191801F01

Reference Organization:

Reference Title:

Filing Status Changed: 04/17/2008

State Status Changed: 04/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Old Republic Insurance Company submits the following new endorsements for your approval. It will be attached to our previously approved Excess Directors & Officers policy, ORUG-87. There is no rate impact.

D7031-B (4/2008) - Application Reliance Endorsement Version B (Including Warranty)

(Optional form - Clarifies coverage, no rate impact)

D7038 (3/2008) - Quota Share Endorsement

SERFF Tracking Number: LDDX-125604132 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: DOEAR0191801F01
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability
Product Name: Excess Directors & Officers
Project Name/Number: Excess Directors & Officers /DOEAR0191801F01

(Optional form - Clarifies coverage, no rate impact)

We request an effective date of June 1, 2008 or the earliest date possible.

Company and Contact

Filing Contact Information

Johnathan Hagen, State Filings Analyst jhagen@oldrepublic.com
307 N. Michigan Avenue (312) 346-8100 [Phone]
Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company CoCode: 24147 State of Domicile: Pennsylvania
307 N. Michigan Avenue Group Code: 150 Company Type:
Chicago , IL 60601 Group Name: State ID Number:
(312) 762-4800 ext. [Phone] FEIN Number: 25-0410420

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$50.00	04/10/2008	19426332

<i>SERFF Tracking Number:</i>	<i>LDDX-125604132</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Excess Directors & Officers</i>		
<i>Project Name/Number:</i>	<i>Excess Directors & Officers /DOEAR0191801F01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/17/2008	04/17/2008

<i>SERFF Tracking Number:</i>	<i>LDDX-125604132</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Excess Directors & Officers</i>		
<i>Project Name/Number:</i>	<i>Excess Directors & Officers /DOEAR0191801F01</i>		

Disposition

Disposition Date: 04/17/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LDDX-125604132	State:	Arkansas
Filing Company:	Old Republic Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	DOEAR0191801F01		
TOI:	17.1 Other Liability - Claims Made Only	Sub-TOI:	17.1006 Directors & Officers Liability
Product Name:	Excess Directors & Officers		
Project Name/Number:	Excess Directors & Officers /DOEAR0191801F01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Application Reliance Endorsement Version B (Including Warranty)	Approved	Yes
Form	Quota Share Endorsement	Approved	Yes

SERFF Tracking Number: LDDX-125604132 State: Arkansas

Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: DOEAR0191801F01

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability

Product Name: Excess Directors & Officers

Project Name/Number: Excess Directors & Officers /DOEAR0191801F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Application Reliance Endorsement Version B (Including Warranty)	D7031-B	(4/2008)	Endorsement New nt/Amendment/Conditions		0.00	D7031-B.PDF
Approved	Quota Share Endorsement	D7038	(3/2008)	Endorsement New nt/Amendment/Conditions		0.00	D7038.PDF



**APPLICATION RELIANCE ENDORSEMENT VERSION B
(Including Warranty)**

It is understood and agreed that in granting coverage under this policy, the Insurer has relied upon the information and materials described below (collectively the "Application"). The Application is the basis of coverage under this policy and shall be considered as incorporated in and constituting part of this policy as if physically attached.

Application

1. The [_____] application or proposal form which was signed and dated on behalf of the **Company** and the **Insured Persons** as of [_____] and which was submitted by the **Company** and the **Insured Persons** to the insurer of the **Primary Policy** with respect to underwriting the **Primary Policy** and to the Insurer with respect to underwriting this policy, including all information and materials attached to or incorporated into such application or proposal;
2. The application or proposal which was submitted by the **Company** and the **Insured Persons** to the Insurer with respect to underwriting any policy in an uninterrupted series of policies issued by the Insurer of which this policy is a direct or indirect renewal or replacement; and
3. All publicly available documents (i) filed by the **Company** with any governmental authority, including without limitation the Securities and Exchange Commission, and (ii) obtained by the Insurer with respect to underwriting this policy.
4. Any warranty statement which was submitted by the **Company** and/or the **Insured Persons** in connection with underwriting this policy, an **Underlying Policy** or any prior policy described in paragraph 2. above, provided such warranty statement is attached to this policy or such prior policy.

All other terms and conditions of this policy remain unchanged.

This endorsement is a part of the policy and takes effect on the effective date of the policy, unless another effective date is shown below.

<i>Must be Completed</i>	
ENDT NO.	POLICY NO.

<i>Complete Only When This Endorsement is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ISSUED TO	EFFECTIVE DATE OF THIS ENDORSEMENT



QUOTA SHARE ENDORSEMENT

It is understood and agreed:

1. This policy is part of a quota share layer of insurance coverage for the Insureds, which consists of the following participants:

Insurer

Limit of Liability

Total Quota Share Layer Limit of Liability: \$_____

The Insurer shall be liable only for such portion of any covered **Loss** as this policy's aggregate **Limit of Liability** as set forth above bears to the total quota share layer limit of liability as set forth above. In no event shall the Insurer be liable for an amount greater than such portion of covered **Loss**, whether or not the other insurer(s) in the quota share layer pay their respective portion of such **Loss**.

2. The Insurer shall separately have all of the rights granted to the Insurer under this policy and/or any **Underlying Policy** with respect to any **Claim**, including without limitation the right to consent to any defense costs, settlement or other **Loss** and the right to participate in the investigation, settlement or defense of any covered **Claim**. No other insurer shall exercise any such rights on behalf of the Insurer without the express written consent of the Insurer. In addition, the Insureds shall give any notice under this policy to the Insurer, and any notice given to any other insurer shall not constitute notice to the Insurer.

All other terms and conditions of this policy remain unchanged.

This endorsement is a part of the policy and takes effect on the effective date of the policy, unless another effective date is shown below.

<i>Must be Completed</i>	
ENDT NO.	POLICY NO.

<i>Complete Only When This Endorsement is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	LDDX-125604132	State:	Arkansas
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Company Tracking Number:	DOEAR0191801F01		
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Product Name:	Excess Directors & Officers		
Project Name/Number:	Excess Directors & Officers /DOEAR0191801F01		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	04/17/2008
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Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name					Group NAIC #
					0150
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Old Republic Insurance Company	PA	24147	25-0410420		

5. Company Tracking Number	DOEAR0191801F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Johnathan Hagen 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4534	312-762-4950	jhagen@oldrepublic.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Johnathan Hagen			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.1 Other Liability - Claims Made Only			
10. Sub-Type of Insurance (Sub-TOI)	17.1006 Directors & Officers Liability			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	Directors & Officers - Excess			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	06/01/08	Renewal:	06/01/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	04/10/08			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	DOEAR0191801F01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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(Optional form - Clarifies coverage, no rate impact)

D7038 (3/2008) - Quota Share Endorsement
(Optional form - Clarifies coverage, no rate impact)

We request an effective date of June 1, 2008 or the earliest date possible.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: Amount: </div> <div style="text-align: center; margin-top: 100px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)